UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Write the full name of each plaintiff.

(To be filled out by Clerk's Office)

-against-

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

COMPLAINT

(Prisoner)

Do you want a jury trial?

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

State below the federal legal basis for your claim, if known. This form is designed primarily for

I. LEGAL BASIS FOR CLAIM

| | often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Biyens" action (against federal defendants). | | | | | |
|---|---|--|--|--|--|------------------------------|
| | Violation of my federal constitutional rights | | | | | |
| | Other: Trst and second Homendants of the | | | | | |
| | Other: First and Second Ammendants of the II. PLAINTIFF INFORMATION Constitution of United States | | | | | |
| Each plaintiff must provide the following information. Attach additional pages if necessary. | | | | | | |
| | Randy R James | | | | | |
| | First Name Middle Initial Last Name | | | | | |
| | | | | | | |
| State any other names (or different forms of your name) you have ever used, including you have used in previously filing a lawsuit. | | | | | | |
| | Prisoner ID # (if you have previously been in another agency's custody, please specify each agency | | | | | |
| and the ID number (such as your DIN or NYSID) under which you were held) | | | | | | |
| | Current Place of Detention | | | | | |
| | Institutional Address | | | | | |
| | County, City State Zip Code | | | | | |
| | III. PRISONER STATUS | | | | | |
| Indicate below whether you are a prisoner or other confined person: Pretrial detainee | | | | | | |
| | | | | | | ☐ Civilly committed detainee |
| | ☐ Immigration detainee | | | | | |
| | ☐ Convicted and sentenced prisoner | | | | | |
| | ☐ Other: | | | | | |
| | | | | | | |

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

| Defendant 1: | Wathen | Koyle | | | | |
|--|----------------------|-----------------------------------|----------|--|--|--|
| | First Name | Last Name | Shield # | | | |
| | | | | | | |
| Current Job Title (or other identifying information) | | | | | | |
| | Current Work Addr | Precinct | | | | |
| | 1 | ooklyn D.Y. | | | | |
| | County, City | State | Zip Code | | | |
| Defendant 2: | Mathen | RUSSO | | | | |
| | First Name | Last Name | Shield # | | | |
| | 67+h | Precinct | | | | |
| | Current Job Title (o | or other identifying information) | | | | |
| | ` | · | | | | |
| | Current Work Addr | ress | | | | |
| | Kins, Bro | ocklyn NY. | | | | |
| | County, City | √ State | Zip Code | | | |
| Defendant 3: | NA | | | | | |
| | First Name | Last Name | Shield # | | | |
| | | | | | | |
| | Current Job Title (o | or other identifying information) | | | | |
| | | | | | | |
| | Current Work Addr | C 33 | | | | |
| | County, City | State | Zip Code | | | |
| Defendant 4: | NIA | | | | | |
| 2 0101100110 1 | First Name | Last Name | Shield # | | | |
| | | | | | | |
| | Current Job Title (c | or other identifying information) | | | | |
| | | | | | | |
| | Current Work Addı | ress | | | | |
| | County, City | State | Zip Code | | | |
| | Journey, Oily | | | | | |

| V. STATEMENT OF CLAIM |
|---|
| Place(s) of occurrence: Corner of 9/st and Winthrop, East Flatby. Brookhyn, N.V. |
| Date(s) of occurrence: Type 2, 2013 apprentity 10:30 |
| FACTS: |
| State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary. |
| I was riding my bunche on Clarkson |
| Aver, made a right on 95st soing towards |
| I observed a mobile police station and a blue and |
| White police car parked. The officers interac |
| called me over to them. They informed me |
| of a traffic infringement, that I committed on |
| the biggle. We goke buefly and I was |
| instructed to leave, I barely made one |
| rotation of my bike pedal, and the officers |
| pulled out of their parking space with sivens |
| plange. The passenger cop was shaking his |
| head and smilis like a jack o' lantern. |
| I was in fear of my life, I thought the |
| officers were soin to KIll me because PK you that's what they do sometimes. 95st and Clarkson |
| what they do sometimes. 15st and Clarkson |
| Ave, is a very dark corner in the night time. |
| I didn't want to end up as a statil statistic, |
| 1) I cove up, noping I was profite would see |
| and was soin on. I stopped viding on 18 |
| and wininopolities officers jumped bout the bank. They |
| and run penning mix mi het to shield Page 4 |
| so I robe up, hoping that people would see what was soing on I stopped riding on 91st and Winthrop The officers jumped Jout The Cars and run behind me # 11ke I robbed the bank. They attacked me and I tried my best to shield Page 4 fell my self from their blows. Next thing Know I feel fell |
| |

| | Co |
|-----|--|
| | and was surrounded by about 30 petice officers |
| | I could not get pack up. they begt the |
| | LIVIN daylight out of the I'm thankful |
| | that people were around, otherwise, they |
| | might have killed me he was rushed |
| | to Brookdale Hospital, and I was not there |
| | long enough to get a thorough examination. They (police |
| | allowed the nurse to get sume bandages on |
| | my knees, and then I was taken to Central booking |
| | INJURIES: |
| | If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received. |
| | Extensive nerve damage, because I was laying on |
| | my side side so know abrasion, knee controlsion |
| | and knee was out of sockets how could |
| | Man River vision of the state o |
| 0 | see fire some fireth out of the |
| X | a various proportion of the second se |
| Ane | back brace, knee brack to move around. I'm in the |
| , | State briefly what money damages or other relief you want the court to order. |
| | |
| | For the part & your I was unable |
| | to work due to my injuries. I'm looking tor |
| | at 1895t topose for my physical and mental |
| | in money damage for my physical and mental |
| | round securit and sublic assistance and |
| | I was denied. Right now my life is |
| | in limbo. My status is sketchy, because |
| | I have to go from house to house and depend |
| | on family and friends for lodging. The page 5 |
| +- | thing I set is took stamps. Please help me. |

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

| Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application. | | | | | | |
|--|--------------------------|-----------------------------|----------|--|--|--|
| | | Kank | Tanos | | | |
| Dated | R | Plaintiff's Signat | ure | | | |
| First Name 91 | Middle Initial REMSEN | A Last Name | | | | |
| Prison Address KINC , Brook | len | KI Y. | 1/212 | | | |
| County, City |) | State | Zip Čode | | | |
| Date on which I am deliv | vering this complaint | to prison authorities for r | mailing: | | | |

